

CHAPTER 4 GLOSSARIES

I. GLOSSARY OF RELATED DDSN PROGRAM POLICIES AND PROCEDURES

► Alternative Residential Placements

- **What is it?** Group home facilities or therapeutic family home settings that are operated outside the DDSN system network of local provider Boards. Alternative Residential Placements are pursued for consumers after all efforts to provide in-home, community supports and residential services within the local DDSN system have been implemented and/or exhausted. Alternative Residential Placements for children and adolescents are not intended to be permanent placements, whereas placements for adults are designed to be long-term. Alternative Residential Placements often involve several state agencies serving a consumer simultaneously which must collaborate regarding placement, funding and Medicaid participation prior to placement.
- **Who is eligible?** DDSN eligible consumers who have documentation of all efforts of using in-home supports and community resources to avoid out of home placement or removal from a current placement; who have a completed ICAP and SCS assessment to determine the consumer's level of need for supports; and who have applied and been approved for the Critical List. All Alternative Residential Placements must be authorized and approved through the Office of Clinical Services (formally Office of Behavior Supports) at SCDDSN Central Office.
- **Where can I find it?** Information is available in Policy 502-01 DD: "Selection of Individuals For DMR Funded Residential Placements"; and Policy 502-05 DD: "DDSN Waiting Lists". Also, additional information can be found in the Office of Behavior Supports Manual for Alternative Placements which is made available to each provider.

► Behavior Support Plan Policy

- **What is it?** This policy outlines guidelines for building effective behavioral supports for DDSN consumers with challenging behaviors who reside in placements operated by DDSN or contracted providers, or those who participate in community day and non-residential programs.
- **Where can I find it?** Criteria for approved Psychologists and Behavior Support Plans (BSP's) can be found in Policy 600-05-DD: "Behavior Support Plans". Information regarding Behavioral Supports may be found in the Office of Behavioral Supports Manual which is made available to all providers. Also, a list of approved providers for MR/RD Waiver Psychological Services (which

includes Behavior Supports, Counseling and Testing) is available on the DDSN website under the MR/RD Division.

► **Consumer Assessment Team (CAT)**

- **What is it?** The CAT Team is responsible for determining and certifying eligibility for DDSN services. Specific evaluation procedures are established for MR/RD, HASCI, and Autism Divisions. The CAT Team processes ICF/MR Level of Care evaluations for the MR/RD Waiver, HASCI Waiver, PDD Waiver and TEFRA. CAT also has developed Screening Procedures for responding to all referrals for DDSN services and is responsible for the training of all Approved Screeners. Screenings that are determined to be appropriate for the HASCI Division are forwarded to HASCI Information and Referral to determine if it is an appropriate referral for eligibility will be made. Screenings that indicate suspected Autism are forwarded to the Autism Division for eligibility determination.
- **Where can I find it?** Specific information on eligibility determination is available in “CAT Packets of Information” prepared and updated by the CAT office. The SCDDSN Screening Tool and Procedures, as well as training for screeners, are also available from the CAT office.

► **Greenwood Genetic Center**

- **What is it?** A program which began in 1974 through a collaboration of efforts of DDSN, the University of South Carolina and the Self Foundation. This program offers free genetic evaluations and genetic counseling to families in an effort to prevent and/or reduce the risk of having children with mental or physical disabilities. Genetic Service Coordination is also provided as a part of Genetic services to assist families in coordinating services available through the Greenwood Genetic Center.
- **Who is eligible?** Families who are at risk for having a child born with a genetic disease; and families in which a child has already been diagnosed with a birth defect or a handicapping physical or mental disability.
- **Where can I find it?** Genetic services are provided through a central clinic and laboratory in Greenwood, SC, and a network of satellite clinics around the state. Services are also available through local DSN Boards and provider organizations. For information on the genetic clinic nearest you, contact the main Greenwood Genetic Center at 1-888-442-4363.

► **HASCI Waiver**

- **What is it?** Prior to 1981, the Federal Medicaid program paid for services for DDSN consumers with Traumatic Brain Injury, Spinal Cord Injury and Similar Disabilities only if the individual lived in an institution. In 1981, states began to offer Medicaid funding for long term care services to be provided in a person’s home or community. These services are an extension of services already funded

by the State Medicaid plan. This extension of services is known as the HASCI Medicaid Waiver.

- **Who is eligible?** To be enrolled in the HASCI waiver, an individual must have a head injury/traumatic brain injury (TBI), spinal cord injury, or similar disability as determined by DDSN, be eligible to receive Medicaid, be allocated a slot, choose to receive services in the home or community, and require the degree of care that would be provided in an institution. Therefore, an individual receiving HASCI Waiver services must meet Intermediate or Skilled Nursing Level of Care. Also, an individual who acquired a TBI prior to the age of 22 or a person with a similar disability who also meets the criteria of “related disability” may be eligible if they meet the ICF/MR Level of Care.
- **Where can I find it?** Further information can be found in the HASCI Waiver Manual.

► **HIPAA**

- **What is it?** Health Insurance Portability and Accountability Act of 1996, Public Law 104-191. A Federal law that was established to prohibit the discrimination of individuals based on health status, to limit the exclusion of individuals from services due to preexisting conditions; to protect the privacy and security of information; and to improve efficiency by standardizing the electronic exchange of administrative and financial data. The Office of Civil Rights enforces this federal law which covers all US citizens and health care providers. The intent of this law is to reduce health care costs, provide greater privacy of information and allow for greater individual control over the sharing of health information.
- **Where can I find it?** Additional information is available in “HIPAA Resources”.

► **Individual and Family Support (IFS) Stipends**

- **What is it?** These are stipends for assistance in caring for self or a family member in order to avoid out-of-home placement. Funding covers expenses incurred due to an individual’s disability, not routine household expenses. Individual and Family Support Stipends can be used to assist individuals with one-time only needs, or for on-going needs such as prescribed hygiene or medical supplies. State funds for Individual and Family Support Stipends are allocated to local Boards, who then distribute the funds as needs are identified. Federal funds are administered through the DDSN Central Office.
- **Who is eligible?** DDSN eligible consumers in any Disability Division (MR/RD, Autism and HASCI). Exceptions include infants age birth to 3; consumers who are BabyNet eligible only; MR/RD, PDD or HASCI Waiver recipients; children ages 3-6 who are “At Risk”; and applicants for TEFRA Level Of Care only.

- **Where can I find it?** Further information is available in Policy 734-01-DD: “Individual and Family Support Stipend”.

► **MR/RD Waiver**

- **What is it?:** Prior to 1981, the Federal Medicaid program paid for services for DDSN consumers with Mental Retardation and Related Disabilities only if the individual lived in an institution. In 1981, states began to offer Medicaid funding for long term care services to be provided in a person’s home or community.
- **Who is eligible?** To be enrolled in the MR/RD Waiver, an individual must be diagnosed with Mental Retardation or a Related Disability; be eligible to receive Medicaid or already qualified for Medicaid; require the degree of care that would be provided in an ICF/MR, therefore meet ICF/MR Level of Care criteria; be given the option of receiving services at home and in the community or in an ICF/MR; have needs that can be met by the MR/RD Waiver; be allocated a Waiver slot; be informed of the alternatives covered by the MR/RD Waiver, choose to receive MR/RD Waiver services, and choose among qualified providers.
- **Where can I find it?** Further information can be found in the MR/RD Waiver Manual.

► **Rehabilitation Supports**

- **What is it?** A service which provides therapeutic intervention and assistance to improve a condition and promote or retain an optimal level of functioning in an individual with a disability. An individual may participate in either a Facility-Based or Individual Rehabilitation Support program. Facility-Based Rehabilitation Supports are provided to individuals who receive services within a DDSN licensed day facility. Individual Rehabilitation Supports (IRS) are provided in an individual’s home, natural environment and/or other appropriate community settings. Both Facility-Based and Individual Rehabilitation Supports focus on assessed needs in the areas of self-care skills, community living skills, psycho-social skills and medication management/symptom reduction skills.
- **Who is eligible?** Individuals who are DDSN eligible, who are Medicaid recipients, who are NOT enrolled in the MR/RD Waiver, who do NOT reside in an ICF/MR or Nursing Home, who are authorized to receive services by the SC or EI, and who have a Medical Necessity Statement. Individuals may receive Individual Rehabilitation Supports if enrolled in the Community Long Term Care (CLTC) Waiver; however, notification to the CLTC case manager must be made prior to service provision. Individuals who reside in CRCFs may receive Rehabilitation Supports.

- **Where can I find it?** Further information can be found in the Rehabilitation Supports Manual.

► **Reporting of Abuse, Neglect or Exploitation**

- **What is it?** DDSN has specific procedures for reporting and tracking incidents of abuse, neglect or exploitation involving DDSN consumers. **Abuse** is defined as any intentional physical or mental injury or harm, or the threat of such injury to a consumer by any employee or volunteer of DDSN or its contract provider agencies. **Neglect** is defined as the failure to provide for basic needs, such as food, clothing, shelter, health care, safety, or adequate supervision; and the failure results in risk to the life and/or safety of the consumer. **Exploitation** is defined as the improper use or manipulation of a consumer or his/her resources for profit or advantage by an employee or volunteer. This includes but is not limited to exploitation for money, gifts, or other personal gains.
- **Where can I find it?** Information is available in Policy 534-02 DD: “Procedures for Reporting, Investigating, and Preventing Abuse, Neglect, or Exploitation of People Receiving Services from DDSN or a Contract Provider Agency.”

► **Reporting of Critical Incidents**

- **What is it?** DDSN has specific procedures for reporting and tracking critical incidents involving DDSN consumers. A critical incident is defined as an unusual, unfavorable occurrence that is: a) not consistent with routine operations; b) has harmful or otherwise negative effects involving individuals with disabilities, employees, or property; and c) occurs in a DDSN regional center, DSN Board facility, other service provider facility, or during the provision of DDSN funded services.
- **Where can I find it?** Information is available in Policy 100-9-DD: “Reporting of Critical Incidents.”

► **Residential Placement and Waiting Lists**

- **What is it?** Residential services are provided in a variety of settings by DDSN and contracted providers to include placements in ICF/MR facilities, CRCF facilities, CTH I and II homes, and SLP I and II programs. Individuals needing residential services are assessed according to their level of need and the urgency of need. If residential placements are not immediately available, individuals are placed on a waiting list in one of three categories: Critical Need, Priority I or Priority II.
- **Who is eligible?** DDSN eligible consumers who have been assessed as being in need of residential services, or as being appropriate for a less restrictive placement or who are at risk of losing a current placement. Individuals seeking

residential placement must follow established procedures for selection and approval of available residential slots. Waiting lists are maintained and placements are made only by these established procedures.

- **Where can I find it?:** Information is available in Policy 502-01 DD: “Selection of Individuals For DMR Funded Residential Placements”; and Policy 502-05 DD: “DDSN Waiting Lists”.

► **SCDDSN Quality Assurance Review (Delmarva Review)**

- **What is it?** DDSN contracts with Delmarva to conduct a Quality Assurance Review of all programs. This review encompasses quality assurance reviews, personal outcomes measures and consumer satisfaction components. It is designed to provide an assessment of consumer services and provider compliance with DHHS, CMS and DDSN requirements. The Quality Assurance Review is composed of four basic components including Compliance Reviews/Basic Assurances in the areas of administrative, general agency and EI; Outcomes Assessment; Follow-up Reviews which include Plans of Correction; and Special Circumstance Reviews of critical incidents.

- **Where can I find it?** A Quality Assurance Review Manual is updated annually and made available to all providers.

► **Service Tracking System (STS)/Consumer Data Support System (CDSS)**

- **What is it?** The STS/CDSS is DDSN’s system for tracking information about individuals applying for and receiving services. The system collects intake, eligibility, waiting list, service assignment and service delivery data for billing and reporting purposes. Also, the system contains basic demographic information, contact information and information regarding awaiting services and services being received.
- **Where can I find it?** The Service Tracking System/CDSS Technical Assistance is available to all providers of DDSN contracted services through the SCDDSN Office of Client System Development.

► **Supported Employment**

- **What is it?** The Rehabilitation Act Amendments of 1986 and 1992 define Supported Employment as “competitive work in an integrated work setting for individuals with the most severe disabilities for whom competitive employment has not traditionally occurred; or for whom competitive employment has been interrupted or intermittent as a result of a severe disability; and who, because of the nature and severity of their disability, need intensive supported employment service or extended services in order to perform such work.” Supported Employment services offered through DDSN assist individuals with job placement, as well as providing training and ongoing supports for as long as deemed necessary to become stable in their work environment.

● **Who is eligible?** Supported Employment services are available to DDSN eligible consumers who, because of their disabilities need intensive ongoing support to perform in a work setting. Individuals on Level I and Level II Service Coordination are eligible to receive Supported Employment services. Also, individuals must have documentation that they do not qualify for services through the SC Vocational Rehabilitation in order to receive waiver-funded Supported Employment through DDSN.

● **Where can I find it?** Further information can be found in the Supported Employment Manual.

► **TEFRA (Tax Equity and Fiscal Responsibility Act of 1982)**

● **What is it?** Federal legislation which allows states to make Medicaid benefits available to certain disabled children who would not ordinarily be eligible for Supplemental Security Income (SSI) benefits due to their parents' income or resources. To receive TEFRA benefits, only the child's income and resources are considered when determining eligibility. Through TEFRA, only basic State Medicaid plan services are provided. It is not an HCB waiver. It is a waiver of basic Medicaid eligibility requirements. The TEFRA program in South Carolina became effective on January 1, 1995.

● **Who is eligible?** Children who meet the following requirements:

- age 18 or younger
- live at home
- meet the SSI disability criteria
- have gross monthly income and countable resources at or below established levels.
- meet Level of Care criteria (Hospital, Nursing Facility or ICF/MR)
- must be appropriate to provide care for the child in the home
- the estimated cost of caring for the child outside the institution does not exceed the estimated cost of caring for the child within the institution

● **Where can I find it?** The TEFRA program is operated through DHHS Division of Central Eligibility Processing. Requests for a TEFRA Level of Care are forwarded to the Home Board, and then processed by the Consumer Assessment Team (CAT) for Level of Care.

